Westhertzshon Assistance Program

Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name:

Work Order Type: Weatherization Audit Name: MADISON

CLIENT INFORMATION

Client Name: Address:

Client ID:

Alt. Client ID: 16016SW-0613

AGENCY INFORMATION

Agency: SWHRA Agency Phone: (731) 989-5111

Address: 1574 White AVE Fax:

Henderson, TN Email Address:

Agency Contact: STANFILL, BUTCH Work Phone:

Cell Phone: Email Address:

Company Name & License Number:	
Contractor's Signature:	

COMMENT

NOTICE:

All work performed and material must meet all requirements as stated in the Southeast Weatherization Field Guide. It is the contractor's responsibility to pull all necessary permits required for the town or county where the work is being performed. No change order work shall be done until the change order has been approved and signed. If heater is required no air sealing should be done before heater is installed.

731-424-3123

Client Name: Client ID. Alt. Client ID: 16016SW-0613 Work Order (Bid Form)

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Report Run On: 5/23/2010

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Measures

1	Measure 1 Infiltr	ation Redctn			Component	s		ħ	nspected
C	omment				Entimated			Actual	
#	Material / Labor	Description / Comment	Units	Qty	Estimated Unit Cost	Total	Qty	Actual Unit Cost	Total
	Construction Materials/Hardwar e	Seal old ceiling fan. Seal hatch to attic,Plumbing and wall behind washer,Seal floor to wall behind washer and dryer. Laundry room Seal ceiling and crown molding, Seal electricial panel and connect dryer,	Each	1					
2	Labor	Labor	Hour						
3	Construction Materials/Hardwar e	Bed room #2 Seal closet ceiling Bath 1 Seal wall to floor pipes under sink,Pipes and hole by water heater. Bath 2 Seal all around tub Seal plumbing access and plumbing vent and gas line, Seal ceiling in closet off kitchen,	Each	1					
4	Labor	Labor	Hour						
5	Construction Materials/Hardwar e	Den Seal base board and ceiling in closet, Seal over AC/Heat unit, Bedroom! Seal door jam Seal heater closet ceiling look real close for all leaks, Living room seal crown molding and base board	Each	1					
6	Labor	Labor	Hour						
7	Construction Materials/Hardwar e	Weather-strip D1,D2,D3 and D4 doors	Each	1					
8	Labor	Labor	Hour						

Other Detail								
]		
						_		
			Measure	e Sub Total:			Sub Total:	
Field Notes:					and that is not being an order	***************************************		

Measure 2 DW	H Pipe Insulation			Componen	ts			nspected
Comment	•							
00,,,,,,				Estimated			Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Insulation	DHW Pipe Insulation	Each	1					
	l abau	Each	1			7		
2 Labor	Labor	Lacii	•			J []		
Other Detail						7 []		
			Measur	e Sub Total: [Sub Total:	
Field Notes:	-							
riem notes.								

Measure 3 Wall	Insulation			Componen	ts E1,E2 S3,W1		, , ,	Inspected
Comment				Estimated			Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Wall Insulation - Blown	SqFt	1122		7,000			
1 Insulation	Cellulose - 2x4 Filled	·	1 / 2-2-					
2 Labor	Labor	SqFt	1122					
Other Detail		[
							l	
			Measur	e Sub Total:		,	Sub Total:	
	Monitor is Needed			Componen	ts			Inspected
Measure 4 CO N	Monitor is Needed			Componen Estimated			Actual	inspected
	Monitor is Needed Description / Comment	Units	Qty	·		Qty		Inspected Total
Comment		<i>Units</i> Each	A	Estimated		Qty	Actual	
Comment # Material / Labor 1 Health and Safety	Description / Comment		Qty	Estimated		Qty	Actual	
# Material / Labor 1 Health and Safety Items	Description / Comment CO monitor	Each	Qty 1	Estimated		Qty	Actual	
Comment# Material / Labor1 Health and Safety Items2 Labor	Description / Comment CO monitor	Each	Qty 1	Estimated		Qty	Actual	
Comment# Material / Labor1 Health and Safety Items2 Labor	Description / Comment CO monitor	Each	Qty 1	Estimated		Qty	Actual	
Comment# Material / Labor1 Health and Safety Items2 Labor	Description / Comment CO monitor	Each	Qty 1 1	Estimated			Actual	

Measure 5 Press	sureRelief Piping Need	ied		Componen	ts		1.	nspected
Comment				Estimated			Actual	
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
Health and Safety Items	Pressure relief piping	Each	1					
2 Labor	Labor	Hour	1					
Other Detail						٦		
						J [] 7 []		
			Measur	e Sub Total:]	Sub Total:	
Field Notes:	(, , , , , , , , , , , , , , , , , , ,						No.	
Measure 6 Vapo	or Barrier Needed			Componen	ts		ı	Inspected
	ement/Crawlspace)							
Comment								
				Estimated	Total		Actual Unit Cost	Total
# Material / Labor	Description / Comment	<i>Units</i> Each	Qty 1	Unit Cost	IUlai	Qty		, ota,
Health and Safety Items	Basement / crawlspace vapor barrier	Each	i] []		
2 Labor	Labor	Hour	1					
Other Detail				ı [q	1 ————————————————————————————————————		
			Measur	e Sub Total:			Sub Total:	
Field Notes:		lur-						
				٠.				
		Work O	rder Gra	and Total:		Gran	d Total:	
				<u> </u>				

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